

**MAR 7 - 1994**

31 Oct - 15:

1. NAME OF RESPONDENT [REDACTED]		2. PHONE NO. (HOME) (WORK) 616-627 [REDACTED] none	
3. STREET ADDRESS [REDACTED] Richardson		4. CITY STATE ZIP CODE Cheboygen MI 49721	
5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES Food was in pan cooking in oven at 325-degrees for 30 minutes when consumer heard an explosion and found pan shattered into pieces resembling crushed ice. Pieces were contained in oven. Consumer received a minor laceration to her right hand when she picked up glass pieces. Consumer received Rx at home. CPSC Source: WORK			
6. DATE OF INCIDENTS 2/27/94		7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 39 Y/F minor laceration to right hand	
9. DESCRIPTION OF PRODUCT 11" x 7" glass baking pan		8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self	
11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Anchor Hocking unknown unknown unknown unknown		10. BRAND NAME Anchor Hocking	
12. MODEL, SERIAL NUMBERS unknown		13. DEALER'S NAME, ADDRESS & PHONE [REDACTED] unknown Cheboygen, MI 00000 unknown	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE R AFTER THE INCIDENT? after DESCRIBE: damaged: shattered into pieces		15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1992 AGE 2 yr est	
16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown		17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?	
18. IS THE PRODUCT STILL AVAILABLE? YES NO x IF NOT, ITS DISPOSITION discarded		19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO	
20. DATE RECEIVED 2/28/94		21. RECEIVED BY (NAME & OFFICE) [REDACTED]	
23. FOLLOW-UP ACTION MFR/PRVDR No comments attached Exemptions/Revisions Firm has not requested further notice		22. DOCUMENT NO. H420148A1	
25. DISTRIBUTION		24. PRODUCT CODE(S) [REDACTED] 0461 0266	
26. ENDORSER'S NAME & TITLE [REDACTED]		27. [REDACTED]	

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AUG 16 1994

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

  
Signature

8.30.94  
Date

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I request that you do not release my name.

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You may release my name to the manufacturer but I request that you not release it to the general public.

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You may release my name to the manufacturer and to the public.

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